

Commonwealth of Kentucky  
Accounts Receivable

The attached materials request that you provide certain information to the Finance and Administration Cabinet regarding accounts receivable. This information is needed to enable the Finance and Administration Cabinet and the Department of Revenue to fulfill the reporting requirements of KRS 45.241 (10) and KRS 45.237 (6)

In accordance with KRS 45.241 (10) and KRS 45.237 (6), each agency must provide information regarding both liquidated and unliquidated debts and improper payments due the Commonwealth of June 30, 2006. According to KRS 45.241, "Liquidated debt means a legal debt for a sum certain which has been certified by an agency as final due and owing, all appeals and legal actions having been exhausted; and for the Court of Justice means a legal debt including any fine, fee, court costs, or restitution due the Commonwealth, which have been imposed by a final sentence of a trial court of the Commonwealth and for which the time permitted for payment pursuant to the provisions of KRS 23A.205(3) or KRS 24A.175(4) has expired." While the legislation does not provide a definition of unliquidated debt, it is reasonable to believe that any debt that is not liquidated constitutes unliquidated debt. Unliquidated debt includes a legal debt which has been billed by an agency but is under administrative appeal. According to KRS 45.237, "Improper Payments means a payment made to a vendor, provider, or recipient due to error, fraud, or abuse." All organizational units or administrative bodies in the executive branch of state government as defined by KRS 12.010, must provide the requested information as of June 30, 2006.

The following summarizes the information that must be reported to the Interim Joint Committee on Appropriations and Revenue and/or The Legislative Research Commission on October 1, 2006 for the amounts due as of June 30, 2006:

The **Finance and Administration Cabinet** must report the following for the General Government Cabinet's unliquidated debt: amount by agency, fund type, and age categorized as less than one (1) year, less than five (5) years, less than ten (10) years, and over ten (10) years.

The **Department of Revenue** must report the following for liquidated debts referred to them for collection: amount by agency, fund type, and age, categorized as ninety (90) to one hundred seventy-nine (179) days old, one hundred eighty (180) to three hundred sixty-four (364) days old, over one (1) year but less than three (3) years old and over three (3) years.

Each **Cabinet** must report the following for both unliquidated and liquidated debts and improper payments: amount by agency, fund type, and age categorized as less than one (1) year, less than five (5) years, less than ten (10) years, and over ten (10) years.

In an effort to satisfy these reporting requirements and ensure that the information reported is uniform for all agencies, we are requesting that each agency complete the

attached forms. The definitions included in this text and on the AFR instructions correspond to the appropriate statutes. Remember to include items outstanding as of June 30, 2006.

Do not include:

- Amounts due from the Federal government
- Amounts due from other states
- Amounts due from other state agencies

Completion of the reports will not only assist your agency in complying with the mandated reporting requirements but will also allow the Department of Revenue to determine where to focus their resources when determining which agencies need assistance with their collection efforts and will provide Finance with the information they are required to report. The Finance and Administration Cabinet will compile the data provided by all state agencies and will submit the report to the appropriate committees; however, each agency must be prepared to address any questions that may arise as a result of the reports.

If your agency's total accounts receivable are **less than \$10,000** it is not necessary to complete these forms. However, it should be noted that you may receive a request for additional information for amounts less than \$10,000, at a later date. In the event you are reporting less than \$10,000 in receivables, complete a transmittal certification letter on your agency's letterhead and choose the appropriate response. Attached is the list of responses to choose from (see page III.10). Please feel free to add any additional comments or explanations that may help us to understand your accounts receivable.

**NOTE:**

- Total liquidated debt (34B)
- + unliquidated debt (34A)
- + The above exceptions:
  - Amounts due from the Federal government
  - Amounts due from other states
  - Amounts due from other state agencies
- = Total receivables for your agency

While AFR Form 34C are receivables as a result of improper payments recorded under either liquidated or unliquidated debt.

## AFR 34 A – Detailed Instructions

**Unliquidated Debt Due the Commonwealth** *defined as a legal debt which has been billed by an agency but is under administrative appeal. (Any debt that is not liquidated)*

1. Enter the date the form is completed.
2. Enter the official agency name.
3. Enter the cabinet and agency number.
4. Enter the fund name.
5. Enter the four-digit fund number.
6. Enter the number of debtors.(The number of vendors from whom amounts are due)\*
7. Total the number of debtors.
8. Enter the revenue source code or expenditure object code under which the receipt will be reported.
9. Enter the amounts outstanding in the appropriate columns by age:
  - Under 1 year
  - 1 to 5 years
  - 5 to 10 years
  - Over 10 years
10. Total amounts by revenue source code/(expenditure object code).
11. Total each column.
12. Enter the percentage of unliquidated debt expected to be collected within the time periods indicated.\*
13. Enter the percentage of unliquidated debt that is expected to be uncollectible.
14. Total the percentages to ensure that they equal 100%.
15. Enter the name of the person who prepared this form.
16. Enter the phone number of the person who prepared this form.

**\* This information is not mandated by the legislation but is needed for review purposes.**

## **AFR 34 B – Detailed Instructions**

**Liquidated Debt Due the Commonwealth** *defined as a legal debt for a sum certain which has been certified by an agency as final due and owing, all appeals and legal actions have been exhausted; and for the Court of Justice means a legal debt including any fine, fee, court costs, or restitution due the Commonwealth, which have been imposed by a final sentence of a trial court of the Commonwealth and for which the time permitted for payment pursuant to the provisions of KRS 23A.205(3) or KRS 24A.175(4) has expired.*

1. Enter the date the form is completed.
2. Enter the official agency name.
3. Enter the cabinet and agency number.
4. Enter the fund name.
5. Enter the four-digit fund number.
6. Enter the number of debtors.(The number of vendors from whom amounts are due)\*
7. Total the number of debtors.
8. Enter the revenue source code or expenditure object code under which the receipt will be reported.
9. Enter the amounts outstanding in the appropriate columns by age:
  - 1-89 days
  - 90-179 days
  - 180-364 days
  - 1 to 3 years
  - 3 to 5 years
  - 5 to 10 years
  - Over 10 years
10. Total amounts by revenue source code/(expenditure object code).
11. Total each column.
12. Enter the amount of receivables that is under payment agreement for each column.\*
13. Enter the amount of receivables that is prohibited from active collection for each column.\*
14. Enter the amount of receivables in bankruptcy for each column.\*
15. Enter the percentage of liquidated debt expected to be collected within the time periods indicated.
16. Enter the percentage of liquidated debt that is expected to be uncollectible.
17. Total the percentages to ensure that they equal 100%.
18. Enter the name of the person preparing this form.
19. Enter the phone number of the person who prepared this form.

**\* This information is not mandated by the legislation but is needed for review purposes.**

## **AFR 34C – Detailed Instructions**

**Improper Payments** *“means a payment made to a vendor, provider, or recipient due to error, fraud, or abuse.”*

1. Enter the date the form is completed.
2. Enter the official agency name.
3. Enter the cabinet and agency number.
4. Enter the fund name.
5. Enter the four-digit fund number.
6. Enter the number of debtors.(The number of vendors, providers, or recipients from whom amounts are due)\*
7. Total the number of debtors.
8. Enter the revenue source code or expenditure object code under which the receipt will be reported.
9. Enter the amounts outstanding in the appropriate columns by age:
  - Under 1 year
  - 1 to 5 years
  - 5 to 10 years
  - Over 10 years
10. Total amounts by revenue source code/(expenditure object code).
11. Total each column.
12. Enter the percentage of improper payments expected to be collected within the time periods indicated.\*
13. Enter the percentage of improper payments expected to be uncollectible.
14. Total the percentages to ensure that they equal 100%.
15. Record total receivables identified as resulting from error, fraud, or abuse.
16. Enter the amount collected during the 60 day period pursuant to KRS 45.237(4).
17. Circle Yes or No on whether any of the amounts have been certified. If answer is No, skip questions 18-20.
18. If answered Yes to Question 17, enter the amount certified.
19. If answered Yes to Question 17, enter the amount referred to Dept. of Revenue.
20. If answered Yes to Question 17, enter the amount referred to the State Treasurer.
21. Enter the name of the person who prepared this form.
22. Enter the phone number of the person who prepared this form.

**\* This information is not mandated by the legislation but is needed for review purposes.**

**In the event you are reporting less than \$10,000 in receivables, complete a transmittal certification letter on your agency's letterhead and choose the appropriate response.**

Transmittal Certification Letter

August 2006

Edgar C. Ross, Controller  
Finance and Administration Cabinet  
702 Capital Avenue, Room 484  
Frankfort, KY 40601

Attention Division of Statewide Accounting Services

Dear Mr. Ross:

**Response 1:** I do hereby certify that to the best of my knowledge \_\_\_\_\_(Agency Name)\_\_\_\_\_ has outstanding accounts receivable as of June 30, 2006 that are less than \$10,000.

**Response 2:** I do hereby certify that to the best of my knowledge \_\_\_\_\_(Agency Name)\_\_\_\_\_ has no outstanding accounts receivables as of June 30, 2006.

**Response 3:** I do hereby certify that to the best of my knowledge \_\_\_\_ (Agency Name)\_\_\_\_\_ has outstanding accounts receivable in the amount of \$ \_\_\_\_\_. However, they are due from (a) the federal government (b) other state agencies or (c) other states.

Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Cabinet or Department \_\_\_\_\_